



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	16	Application No.	09/886,529
		Filing Date	June 20, 2001
		First Named Inventor	Safa Almalki
		Art Unit	2666
		Examiner Name	Maleanie Jagannathan
		Attorney Docket Number	81862P212

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Request for Continued Examination (RCE); Return postcard.</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

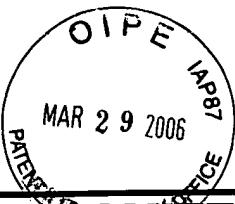
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 27, 2006

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Gayle V. Vinson
Signature	
Date	March 27, 2006



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$ )      1,810.00

#### Complete if Known

Application Number	09/886,529
Filing Date	June 20, 2001
First Named Inventor	Safa Almalki
Examiner Name	Maleanie Jagannathan
Art Unit	2666
Attorney Docket No.	81862P212

#### METHOD OF PAYMENT (check all that apply)

- Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments
- under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

#### FEE CALCULATION

##### 1. EXTRA CLAIM FEES

Total Claims	33	33** =	0	X	Fee from below	=	Fee Paid
Independent Claims	5	5** =	0	X	50.00	=	\$0.00
Multiple Dependent					200.00	=	\$0.00

##### Large Entity

##### Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple Dependent claim, if not paid	
1204	790	2204	395	**Reissue independent claims over original patent	
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (1)</b>		<b>( \$ )</b>		<b>0.00</b>	

\*\*or number previously paid, if greater. For Reissues, see below

##### 2. ADDITIONAL FEES

##### Large Entity

##### Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		Request for Continued Examination (RCE)			
<b>SUBTOTAL (2)</b>		<b>( \$ )</b>		<b>1,810.00</b>	

#### Fee Paid

1,020.00

#### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William Thomas Babbitt	Registration No. (Attorney/Agent)	39,591	Telephone	(310) 207-3800
Signature				Date	03/27/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450